

Updates from the Field...

Strengthening Public Health Systems and Workforce Capacity Globally

Summer 2011, Issue 3

Director's Message

Dear Colleagues:

I am very pleased to share with you that our efforts to provide better service and support to country programs are moving in the right direction. The division's reorganization was approved by CDC, and we have consolidated our units into two branches – The Field and Applied Epidemiology Training Program (FAETP) Branch and the Public Health Systems Strengthening (PHSS) Branch.



— Bassam Jarrar

“The division's effort towards developing a non-communicable disease (NCD) track is beginning to yield fruit.”

As we discussed in the last issue, all Field Epidemiology and Laboratory Programs (FE(L)TP) now come under the FAETP Branch. The PHSS Branch brings the Sustainable Management and Development Program (SMDP), the Global Public Health Informatics Program (GPHIP), the Integrated Disease Surveillance and Response (IDSR) Team, and Monitoring and Evaluation (M&E) together as core units within the branch. Over the next several months, we will focus on standing up the PHSS/Systems Branch, identifying opportunities to provide more comprehensive support to our programs and partners and ensure that the FAETP Branch and the PHSS Branch work closely together to serve the needs of our countries.

We have also begun examining the type of support that we can provide to our programs from Atlanta. Our goal is to establish regional teams to support regional needs and provide subject matter expert assistance as needed.

We are also creating a team to focus on FE(L)TP curriculum development. This team will be led by a senior epidemiologist, and will include all of the division's instructional designers. Once we assess regional/program needs, we will establish a list of materials that need to be developed and a timeline.

The International Night at the Epidemic Intelligence Service (EIS) conference in Atlanta was a tremendous success. The presentation of abstracts and posters reflected the wide range of topics that FE(L)TP's work on. FE(L)TP residents demonstrated their ability to work under the most difficult situations and conduct investigations to protect the health of citizens globally. The remarks of CDC's Director, Dr. Thomas Frieden are an important reminder of the role FE(L)TPs play in protecting all of us from the spread of diseases, and the challenges we must meet.

Following the EIS Conference, the division's staff from Atlanta and around the world met for the annual meeting in Atlanta, Georgia. This meeting provided an opportunity for the division's field staff to get to know more about the new programs that have become part of the division since the last annual meeting, share lessons learned, and explore ways to work together more efficiently and support program needs. The meeting also gave GPHIP and IDSR an opportunity meet and discuss areas of mutual interest.

Continued on page 4

Inside this issue:

Director's Message..... 1

Highlights of investigations

- Measles Outbreak After Immunization Prompts China FELTP Investigation2
- Ghana FELTP Investigate Herpes B Encephalitis Outbreak Among3

Partnership Matters

- TEPHINET and DPHSWD Introduce New Services: “The Library”4

Graduate Corner

- Nigeria FELTP Resident Advisor to be featured in Global Health Video Podcast5
- Public Health Leadership in Uganda6

Training/Resources

- Public Health Surveillance Training in Abu Dhabi7
- Mozambique FELTP Resident Wins First Prize for Abstract in Brazil8
- Regional Coordination / Collaboration at Brazilian FELTP Conference9

New Appointees and Staff Changes

- FELTP Africa, partnership with Global AIDS Program, Yaoundé, Cameroon10

Conferences/Events

- International Night: A Highlight of EIS Conference Week 2011..... 11
- Upcoming Conferences/Events..... 12

Coming Soon...

Save the Date!

August 21 - 24, 2011

Hyatt Regency Atlanta Downtown



Join us for the **2011 Public Health Informatics Conference**, August 21 – 24, 2011, in Atlanta, GA, featuring **International Night**. Wednesday, Aug. 24th, 6:00 pm – 9:00 p.m.

(Full story on page 12)

Center for Global Health

Division of Public Health Systems and Workforce Development



Updates from the Field...

Highlights of Investigations

Measles Outbreak After Mass Immunization Campaign Prompts China FETP Investigation



For the five months following a nationwide mass immunization campaign in China in September 2010, over two hundred cases of measles were reported in a Southeastern Chinese province, mostly in children under the age of one from one county. A joint China CDC and China FETP team investigated the outbreak and examined different risk factors associated with this increase in the incidence of measles. The investigation showed that the nationwide measles vaccination campaign did not reach the originally reported vaccination coverage level of 95% for the target age groups and in some cases was closer to 55%. Moreover, the investigation documented lapses in routine measles vaccination. Some young children were not being properly immunized and those children that were born after the September 2010 campaign had decreased access to vaccination. Additionally, the crowded conditions at the hospitals, especially in the injection rooms, facilitated the transmission of this extremely infectious agent.

In March 2011, the findings of the investigation were published in the Chinese FETP Dispatch and distributed to leaders at the Ministry of Health and China CDC. After seeing this report, the Ministry of Health and the China CDC's EPI Center organized a symposium, inviting the CFETP officer and her supervisor to give a presentation on the outbreak and the result of their analysis. China CDC and China FETP helped develop a case-study for training staff at the national, provincial, and local CDCs in China. The national MOH leaders also decided to conduct



A doctor visits the homes of migrant workers to collect information about their children's vaccination status.

in-depth investigations of measles vaccination coverage in areas where post-campaign outbreaks were reported. More thorough investigations and analyses revealed that delayed reporting by village doctors also contributed to measles transmission. After the findings were reported in the Dispatch of the Chinese FETP, the province where the outbreak occurred took actions to ensure that village doctors report notifiable diseases in a timely manner. In addition, China FETP assisted China CDC in establishing a Standard Operating Procedure for investigating measles outbreaks.

As China aims to achieve its goal of eliminating measles within its borders by 2012, much more work needs to be done

to identify unvaccinated children, to strengthen routine vaccination work, and to prevent transmission of measles in hospitals. The China FETP officers played an important role in documenting the extent of the outbreak and examining factors associated with increased incidence, and in recommending evidence-based prevention and control measures.

For further information, please contact Genessa Giorgi vky7@cdc.gov.

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Updates from the Field...

Highlights of Investigations

Ghana FELTP Residents Investigate a Rare Herpes B Encephalitis Outbreak Among Children in Mid-Western Region

In late November 2010, several children in communities located in mid-western Ghana began presenting at a local emergency unit with symptoms suggesting encephalitis, meningitis, or severe sepsis. According to a pediatrician at the local hospital “we were surprised to see so many children [in] hospital with sudden paralysis, blindness, [and] loss of consciousness, and multipledeaths”. Further investigations by the district health directorate and the Ghana Field Epidemiology Laboratory Training Program (FELTP) residents revealed that it was likely caused by the herpes B virus infecting children who were exposed to monkeys at home or on the farm. Specimens sent to the national virology laboratory confirmed herpes B virus infection; while this virus may be common in other countries, it had never been reported previously in Ghana.

Herpes B virus, also known as monkey B virus, is endemic among macaque monkeys. Animals reportedly become infected with the virus through exposure of the mucosa or skin to oral or genital secretions from other monkeys. When primates are ill, stressed, breeding, or have a suppressed immune system, there is an increased shedding of the herpes B virus. Monkeys remain infected for their lifetime and infections can reactivate, resulting in asymptomatic shedding of the virus.

Transmission of herpes B virus from monkeys to humans occurs through bites, scratches, or contact with infected tissues, cells, or fluids. Symptoms include muscle stiffness, nausea, vomiting, persistent headache, confusion, dizziness, seizures, paralysis, respiratory failure, coma, and sometimes death through encephalitis.

In January 2011, 8 patients presenting with encephalitis and loss of consciousness and 3 deaths were reported by the Techiman Municipal Director of Health to the Brong Ahafo Regional Director of Health in Ghana, who then asked the



During Herpes B outbreak investigation, Ghana FELTP residents interview family and observe surviving children.

FELTP resident in the region (Cohort II) to investigate. A team was formed to conduct active case searches, identify the source and extent of the outbreak, characterize any underlying risk factors and implement preventive and control measures. The FELTP team was multi-disciplinary and included physicians, veterinarians, and laboratory scientists.

According to FELTP resident advisor, Dr. Chima, “after formal notification about several cases of a “strange disease” affecting children...initially suspected to be cerebral malaria, sepsis, or meningitis [that was] not responding to treatment, it was suspected that the children were being affected by viral encephalitis....” FELTP residents conducted a series of interviews with the Techiman Municipal Director of Health Services, the Regional Director of Health, hospital staff, and parents of the affected children. Residents also reviewed medical records from the Techiman Holy Family Hospital, Amoma, Kranka, and Akomadan Health Centers, and interviewed households in communities where cases occurred to determine if other cases could be found. FELTP residents noted that the affected districts were surrounded by a natural forest belt, which was also a regional monkey sanctuary. The residents’



During Herpes B outbreak investigation, Ghana FELTP residents found pet monkeys being kept in the home.

investigation determined that ill children came from communities within these areas and that monkeys were often kept as pets and closely mingled with the children in the community.

Based on the information collected and recommendations from the FELTP outbreak investigation team, Ghana’s health authorities intensified surveillance at district, regional and national levels. In addition, a prevention campaign was conducted to educate communities near monkey sanctuaries about the health risks of close contact with monkeys. To date, no new cases or deaths have been reported.

For more information, please contact Dr. Chima Ohuabunwo at flcandi@gmail.com or Michele Evering-Watley mee4@cdc.gov.

Updates from the Field...

Partnership Matters

TEPHINET and DPHSWD Introduce New Services and New Connections through “The Library”



The Division of Public Health Systems and Workforce Development Library Workgroup is in the final stages of development of the Knowledge Management Portal, now commonly known as the “Library.” Much progress has been made in the past quarter, and with each step, the TEPHINET Community has more ways to connect. Progress this quarter included migration of CDC’s Management for Improving Public Health Program (MIPH) to the Library. All resources and activities for MIPH can now be found by following this link: CDC SMDP Management for Improving Public Health (<http://library.tephinet.org/groups/cdc-sustainable-management-development-program>). Any materials marked as private can only be accessed once you create an account (@ www.tephinet.org), login, and join the group.

Learn It Live has been integrated into the Library and is now available for use. Library members with “Instructor” status can use this tool to create and archive online classes, seminars, and conferences for public health experts and organizations from the global TEPHINET community. All members will be able to attend live sessions or view archived sessions at your convenience. A tutorial is available online to learn the details of creating a new course or viewing an archived course (See details below on how to register and view the archived class.) TEPHINET welcomes all global health professionals to join our online community.

Future features that will be developed include a module to manage mini-grant announcements, application submissions, reviews, and awards. All of these features will provide a mechanism to conveniently announce a funding opportunity to the global TEPHINET Community, process the applications, and notify recipients. Basic features of this module are currently being developed and will expand as funding is available.

To register for the Learn It Live “TEPHINET Learning Orientation”:

- A) Login to your TEPHINET Account
- B) Go to “All Classes” or http://www.tephinet.org/lil_my_classes/all_class
- C) Click “Register” for the class “TEPHINET Learning Orientation”
- D) Click “Access Recording”

For further information, please contact Suzanne Elbon at sge4@cdc.gov.

Director’s Message

continued from page 1

“All of the 5 focus countries (China, Thailand, Jordan, Colombia and Tanzania) have selected NCD residents within their new FE(L)TP cohorts.”

Anticipating the impending reorganization, there were a number of discussions about public health systems and the division’s role in the context of global health and CDC’s efforts to build and strengthen public health systems globally. These and other discussions led to focused attention on revising the division’s vision and mission statements so that they are more in line with the Center for Global Health’s mission and vision.

The division’s effort towards developing a non-communicable disease (NCD) track is beginning to yield fruit. All of the 5 focus countries (China, Thailand, Jordan, Colombia and Tanzania) have selected NCD residents within their new FE(L)TP cohorts. In addition to meeting the FE(L)TP core competencies, NCD residents will also receive advanced training in NCDs and work on specific NCD projects with direct mentoring from subject matter experts at CDC. Fifteen different NCD training modules have been developed and piloted in Jordan and Tanzania. Some of the modules are being revised and will soon be available for all FE(L)TP programs.

We have received very favorable and encouraging feedback about the March issue of the newsletter. Our distribution list has grown to over 3000 subscribers. We appreciate your input, and look forward to your continued feedback and contributions to make the newsletter more useful and relevant to your work.

— Bassam Jarrar, MBA, MA, Acting Director, Division of Public Health Systems and Workforce Development, Centers for Disease Control and Prevention

Updates from the Field...

Graduate Corner

Nigeria FELTP Resident Advisor to be featured in CDC Global Health Video Podcast Series



In March 2011, Nigeria FELTP Residents Matthias Yango, Mabel Aworh and Moses Obiemen are investigating a suspected viral hemorrhagic fever outbreak in Ebonyi State, Nigeria and collect blood samples.

Dr. Patrick Nguku, a medical epidemiologist and graduate of the Kenya Field Epidemiology and Laboratory Training Program (FELTP) is currently serving as the Nigeria FELTP resident advisor. Dr. Nguku was recently interviewed while in Atlanta for the EIS conference. Excerpts of Dr. Nguku's interview will be featured in CDC Connects and CDC's Global Health Videos website page www.cdc.gov/globalhealth/video/.

During the interview, Dr. Nguku shared how Kenya's two-year FELTP prepared him to respond to outbreaks and other public health emergencies. Through hands-on experience, the Kenya FELTP enabled him to work with partners to conduct surveillance, manage disease outbreaks, and build capacity in the region. For example, during his residency in Kenya, Dr. Nguku was deployed to Nigeria when the first human case of influenza A H5N1 in Africa was reported in 2006.

"We helped in assessment of risk to persons in close contact with poultry, helped in enhancing surveillance for reporting possible cases, and indeed demonstrated the value of closely working with veterinarians in combating zoonoses... This outbreak was actually the basis of the Nigeria FELTP creation, which is the first truly 'One Health' program emphasizing



Dr. Patrick Nguku, Nigeria FELTP Resident Advisor presenting session on importance of hands-on surveillance experience as part of FELTP.

closer collaboration between human and animal health sectors."

Dr. Nguku has been the Nigeria FELTP resident Advisor since October 2008 and has played a leading role in implementing the Nigerian program. The program is a collaborative effort among two Nigerian universities (Ahmadu Bello University and the University of Ibadan), the Federal Ministry of Health, the Federal Ministry of Agriculture and Rural Development, CDC, and the African Field Epidemiology Network (AFENET). The program is funded through the President's Emergency Plan for AIDS Relief (PEPFAR), the United States Agency for International Development (USAID), and the Government of Nigeria.

Over the last three years the program has investigated many outbreaks including cholera, meningitis, Lassa fever, lead poisoning, measles, and polio. Residents have helped create stronger linkages between human and animal health to control diseases at the human animal interface such as rabies, brucellosis, influenza, and bovine tuberculosis. The Nigeria FELTP has also helped strengthen Nigeria's public health surveillance system.

"The Nigeria FELTP has helped [ensure] that systems are in place to identify and confirm health threats... We also share what we're learning with others through presentations at professional meetings and articles in peer-reviewed journals. Our trainees are also teaching epidemiology to health care workers at the state and local government areas. This way, we are strengthening health systems at all levels".

Even though the Nigeria FELTP is still a young program, Dr. Nguku said, "I am very proud of what we have been able to accomplish working with the ministry of health and other partners. Our efforts have been recognized by the government of Nigeria and the program is now fully institutionalized within the government structure. In particular, we've developed a strong collaboration between the human health and animal health ministries enhancing control of zoonoses and other cross-cutting health issues such as food safety. We are progressively imparting the right skills, knowledge and attitudes to the future public health leaders of Nigeria who will support all the efforts of preventing illness, disability and death from communicable and non-communicable conditions".

To learn more about Dr. Nguku's FELTP experiences and other CDC global health programs, CDC partners are encouraged to view the videos and embed them on their own sites. In addition, these videos are available on YouTube. For further information, please contact Dr. Patrick Nguku at NgukuP@ng.cdc.gov or Ruth Cooke Gibbs at icn6@cdc.gov.

Updates from the Field...

Training/Resources

Health System Strengthening through Improved Public Health Leadership and Management Training in Uganda



Participants determine how workshops can be completed most efficiently and effectively during the Project Management session.

In July 2010, the Sustainable Management Development Program (SMDP) conducted an initial country assessment and facilitated a stakeholder meeting attended by staff from CDC Uganda, the Ministry of Health, local governments, and various academic institutions. The stakeholder meeting focused on identifying leadership and management components of the public health system that needed improvements to achieve Ministry of Health and PEPFAR objectives and how SMDP and country stakeholders could collaborate to meet these objectives. Discussions during the meeting revealed a variety of leadership and management system strengthening needs: 1) advocacy and funding; 2) mentorship and supervision; 3) institutionalization and sustainability; and 4) skills building assessment and training. The lack of application-oriented management short courses as continuing education for public health leaders and managers, particularly at the district level, was identified as an existing gap.

Recognizing the value and importance of public health leadership and management, four Management for International Public Health (MIPH) graduates planned a public

health management training of trainers (TOT) workshop for March 21-25, 2011 in Entebbe, Uganda. The objective was to train managers and leaders from selected academic institutions and capacity building programs to use the materials to build public health management capacity in Uganda. MIPH graduates, Drs. Emmy Muramuzi, Deputy Chief, Epidemiology Branch, CDC Uganda; Celestine Barigye, District Health Officer of Bushenyi local government; Allan Murata, District Health Officer of Kiboga local government; and Nicholas Ayebazibwe, Program Officer, African Field Epidemiology Network (AFENET), facilitated the workshop. SMDP staff assisted the MIPH graduates with facilitating the workshop, which included topics such as Team Building, Process Improvement, Conflict Management, Project Management, and Effective Presentation Skills. After learning the workshop content, participants practiced their training skills in "teach-back" sessions during which they facilitated a session, then received feedback from workshop facilitators and fellow participants. The workshop culminated with participants engaging in a stakeholder meeting about action steps to building stronger

Competent leadership and effective management systems are critical components of any organization facing complex challenges and pressure to produce sustainable results. Leadership and management are especially important to health service organizations and their managers in this era of rapid change, health sector reform, the HIV & AIDS epidemic, and the crisis in human resources for health.

(Management Sciences for Health, 2011)

leadership and management of health systems in Uganda. An activity already in the works is for educational institutions to provide application-oriented short courses in leadership and management to district-level middle managers, using SMDP curriculum.

The workshop was officially opened by the Acting CDC Uganda Director, Dr. Wolfgang Hladik, and officially closed by Dr. George Bagambisa, Assistant Commissioner Health Services, Human Resource Development Division, Ministry of Health.

Attending the workshop were 23 participants representing Baylor Uganda, Bushenyi local government, CDC Uganda, Infectious Diseases Institute (IDI), Kiboga District local government, Makerere University School of Public Health, Mbarara University of Science and Technology, Ministry of Health Central Public Health Laboratory, Ministry of Health Human Resources Division, Uganda Christian University-Mukono, and Uganda Martyrs University-Nkozi.

To learn more about SMDP health systems strengthening activities, please contact Felicia Warren at fwarren@cdc.gov.

Updates from the Field...

Training/Resources

CDC Multi-disciplinary Team in Partnership with UAE Health Authority Conduct Public Health Surveillance Training in Abu Dhabi

On May 1, 2011, Drs. Henry Walke, Christa Hale, and Lisa Bryde from the Field and Applied Epidemiology and Laboratory Training Programs (FAELTP) Branch and Drs. John Oeltmann and Patrick Moonan from the Division of Tuberculosis Elimination kicked off a Public Health Surveillance Workshop in Abu Dhabi, United Arab Emirates (U.A.E.), in collaboration with the Health Authority — Abu Dhabi (HAAD). This training was a follow-up to an assessment of HAAD's electronic disease notification system performed in November 2010. During this assessment, the CDC team, composed of Drs. Kashef Ijaz, Christa Hale, and Wei Li, identified multiple training needs for HAAD staff, including public health surveillance, case investigations, outbreak management, epidemiology and biostatistics, analytic software, and data dissemination methods.

The surveillance workshop lasted for three days and included didactic sessions, case studies, group activities, and many lively discussions regarding ways that HAAD leadership and staff could work toward improving data collection, usage, and dissemination. The CDC team was very pleased with the level of engagement from participants from all levels within HAAD and other agencies. The training was attended by HAAD's Public Health Manager, the Chief and senior staff and surveillance officers from HAAD's Communicable Disease Section, and many representatives from other HAAD programs such as the Family and School Health Program, the Surveillance Section, and the HAAD Emergency Operations Center. In addition, representatives from primary care centers attended the training.

After the public health surveillance workshop, Drs. Oeltmann and Moonan



Dr. Henry Walke (standing, middle) engaging with HAAD staff and other participants during Public Health Surveillance Workshop, Abu Dhabi, U.A.E., May 3, 2011.

met with HAAD staff and Emirati healthcare providers to discuss tuberculosis issues in Abu Dhabi. In U.A.E., tuberculosis screenings are performed on all expatriates; those who are positive for active tuberculosis are deported once it is deemed safe for them to travel. Thus, tuberculosis rates in U.A.E. are similar to rates in the United States. However, screening and deportation regulations regarding tuberculosis pose many public health and individual patient-level treatment issues. On the last day of the trip, Drs. Oeltmann and Moonan took part in a day-long tuberculosis seminar for HAAD staff and Emirati public healthcare providers.

In addition to the public health surveillance workshop, Drs. Walke, Hale, and Bryde spent a day with HAAD staff discussing HAAD outbreak management protocols and strategies and toured the Emergency

Operations Center. These meetings took place in anticipation of a planned training in November regarding outbreak management and foodborne illnesses, allowing the FAETP team to better assess HAAD's training needs in these areas. FAETP leadership and staff are working with HAAD leadership to determine the best way to assist HAAD with their public health capacity development needs. Considerations include additional short course training opportunities in Abu Dhabi and the Middle East Region; hands-on training at a state health department in the US; and encouraging HAAD staff to apply for long-term training opportunities such as the Epidemic Intelligence Service and Field Epidemiology Training Programs in the region.

For further information, please contact Dr. Henry Walke at hfw3@cdc.gov.

Updates from the Field...

Training/Resources

Mozambique FELTP Resident Wins First Prize for Scientific Abstract Presented at MoH International Conference in Brazil

In April 2011, Mozambique FELTP resident, Dr. Sinesia José, was awarded first prize for Best Oral Presentation at the 5th EPISUS Scientific Conference sponsored by the Secretariat of Surveillance of Brazil's Ministry of Health, March 30-April 1.

During the international session, Dr. Jose delivered a presentation concerning a measles outbreak investigation in Manica Province. This was a significant achievement for the Mozambique residents whose program was initiated less than a year ago (August 2010) and presented a unique opportunity for Dr. Jose and other residents to work together on scientific abstracts and submit proposals for presentations at an international conference.

In addition, unlike other international conferences, this conference was presented in Portuguese (as opposed to English), allowing Mozambique residents to fully participate in the sessions, observe presentations on surveillance evaluations by first and second year residents, and participate in discussions about field placements for Brazil's incoming cohort, and graduation ceremonies for graduating residents.

According to Ken Johnson, CDC's Public Health Advisor assigned to the Mozambique FELTP, "Events like this provide excellent opportunities for resident's to develop mentoring



Dr. Jonas Brant, Coordinator for Red Sur, presents Dr. Sinesia José, FELTP Mozambique, with first prize for her presentation Measles Outbreak Investigation in Manica, Mozambique.

relationships and foster collaborations that can help newer programs acquire acuity with their own planning, development and management."

While in Brazil, Mozambique FELTP representatives were also able to attend a surveillance monitoring committee meeting and received an orientation to the National Alert, Monitoring, and Health Response Operations Unit. Residents were also able to engage in discussions with the Brazil FELTP coordination team regarding mutual program interests, and were given a presentation on the health and disease surveillance systems in Mozambique. This was a very valuable experience for the FELTP residents and according to Dr. Tim Doyle, Mozambique FELTP

Resident Advisor "Ongoing collaboration between the two Field Epidemiology Training Programs should continue to the mutual benefit of both programs."

For further information, please contact Kenneth Johnson at kaj0@cdc.gov.



Coordinator for Red Sur, Jonas Brant, addresses the audience during the International session of the EPISUS Scientific Conference as Sinesia José, FELTP Mozambique; Josephine Blanco, FELTP Argentina, and Pillar Zambrano, FELTP Colombia look on.

Updates from the Field...

Training/Resources

Regional Coordination and South-to-South Collaboration at Brazilian FETP Conference

The 5th EPISUS Scientific Conference, sponsored by the Secretariat of Health Surveillance of Brazil's Ministry of Health took place March 30th through April 1st. EPISUS is the Brazilian Field Epidemiology Training Program which is in its tenth year of training Brazilian officials. EPISUS became part of the South America FETP network (Red Sur), when it began in 2009.

The scientific meeting brought together government officials, trainees, graduates, and professionals from the Secretariat of Health Surveillance, research institutions and universities. The conference shared the results of long-term projects and evaluations of public health surveillance systems that were conducted in 2010. Over thirty Brazilian FETP residents participated in the conference including the eight new residents that began training this year.

At this year's conference, Red Sur in partnership with EPISUS organized and supported an international session where investigations conducted by other South American FETP or Portuguese language FETP residents were presented. This session increased awareness of other FETP activities, improved regional coordination, shared lessons learned, and promoted south-to-south collaboration. Abstracts from the Argentina FETP, Colombia FETP, Mozambique FELTP, and Brazil FETP were accepted and included presentations on the following.

- Argentina Measles Reemergence: Outbreak in Buenos Aires, 2011. Josephine Blanco - FETP Argentina (PRESEC)
- Measles Outbreak Investigation in Manica, Mozambique – Sinesia José – FELTP Mozambique
- Acute Chagas Myocarditis Outbreak with Possible Oral Transmission in Aguachica, Colombia, Mayo de 2010. Pillar Zambrano – FETP Colombia (SEA)



- Cases of Eosinophilic Pneumonitis of Unknown Cause, July-August, 2010. Priscilla Leal Leite – FETP Brazil (EPISUS).

Additionally, Red Sur supported an alumni session where residents who graduated from the first through seventh Brazilian cohorts presented abstracts about their current work and showcased the practical application of the lessons learned in the FETP. The alumni session attracted more alumni to the conference, increased the discussion level about methodology, and shared field and implementation perspectives with the current residents.

Both the international and the alumni sessions were well attended and had good evaluations. According to the Coordinator for Red Sur, Jonas Brant, "The international session was an important moment to share FETP experience in different environments and countries. Each of the participants felt like they were part of something bigger than just their programs." Overall, both sessions were well received and EPISUS is considering making them a regular part of the annual conference. Additionally, Red Sur is examining the possibility of promoting more international collaboration in the South America region and with other Portuguese language FETPs.

For further information, please contact Genessa Giorgi vky7@cdc.gov

New Appointees and Staff Changes

- Dr. Peter L. Bloland, has been appointed Acting Branch Chief of the Public Health Systems Strengthening Branch. Dr. Bloland will also continue with his responsibilities as Associate Director for Science and Program.
- Dr. Henry Walke has been appointed Acting Branch Chief of the Field and Applied Epidemiology Training Programs Branch.
- Dr. Wences Arvelo, Medical Officer, will serve as the CDC FELTP Resident Advisor for Kenya.
- Dr. Robert Bernstein has joined the division and will serve as the CDC FETP Resident Advisor for Saudi Arabia.
- Genessa Giorgi has joined the Field and Applied Epidemiology Training Programs Branch and serves as a Public Health Advisor.
- Elizabeth (Beth) Lee, Program Manager has joined the division and serves as DPHSWD's Principal Management Officer with responsibility for planning, organizing, and directing the day-to-day administrative operations of the division.
- DPHSWD also wishes to thank the following staff for their contributions to the division and wish them continued success in their new positions within CDC:
 - ♦ Dr. Italia Rolle, who has taken a position as the team leader with CDC's National Center for Chronic Disease Prevention and Health Promotion,
 - ♦ Dr. Richard Luce, who has moved to CDC's National Center for Immunizations and Respiratory Diseases, and
 - ♦ Dr. Jeremy Sobel, who will be working with CDC's the Division of Global Disease Detection and Emergency Response.

Updates from the Field...

FAETP Branch in partnership with CDC's Division of Global HIV/AIDS to Pilot Lab Management Accreditation Program in Yaoundé, Cameroon



CA-FELTP Residents Balekouzou Augustin and Djeitote Marceline doing their practicum at the Laboratoire National de Bangui, in Central Africa Republic.

To strengthen Central Africa's Field and Applied Epidemiology Training Program (FAETP) and build laboratory capacity, the FAETP Branch in partnership with CDC's Division of Global HIV/AIDS-International Lab Branch (DGHA-ILB), formerly known as the Global AIDS Program-International Lab Branch, will pilot the first Strengthening Laboratory Management toward Accreditation (SLMTA) training program for FELTPs in Yaoundé, Cameroon, July 18-29, 2011, at the University of Yaoundé. Participants will include six laboratory track residents from the CA-FELTP's first cohort.

Unlike the existing nine-month SLMTA model, the new program will be modified to include two workshops over the course of three months and will include a baseline assessment, two improvement projects for the FELTP residents to complete following each workshop session, and a post-SLMTA assessment. The SLMTA training program will be implemented as part of the first two weeks of the FELTP residents' field placement training. The workshops will be conducted immediately after the FELTP academic sessions in July and October with SLMTA supervisory visits taking place following workshop sessions.

According to Dr. Judith Shang, SLMTA trainer and Cameroon-based DGHA-ILB lab advisor, "the knowledge and skills gained

to implement quality lab systems through SLMTA will complement the existing lab management toolkits through the added action-based laboratory improvement projects and laboratory mentorship training". In addition, FELTP residents will benefit from SLMTA's unique task-based curriculum which links training content closely with an assessment checklist, and an emphasis on action and tangible improvements.

In between the SLMTA workshops at approximately three month intervals, FELTP residents will return to field sites in their respective countries (Cameroon, Democratic Republic of Congo, and Central Africa Republic) and participate in lab improvement activities while working on their FELTP field assignments. The SLMTA training program is designed to strengthen laboratory management, achieve immediate laboratory improvement, and accelerate the process toward accreditation by WHO-AFRO and other international accreditation schemes. Through supporting increased integration and coordination among country-level stakeholders SLMTA for FELTP will lead to strengthened lab systems and build in country workforce capacity to manage labs. When discussing the upcoming CA-FELTP SLMTA training Dr. Wilfred Gabsa, inspector in the Cameroon Ministry of Higher Education stated "we are confident that this model will provide

the necessary training to build laboratory capacity in the Central Africa region that is essential to public health and we are looking forward to its implementation".

For further information, please contact Dr. Nykiconia Preacely at hgp2@cdc.gov.

Tell us what you think...

This electronic quarterly newsletter is produced by CDC's Division of Public Health Systems and Workforce Development. It aims to inform residents and graduates of the Field Epidemiology Training Programs, the MIPH community, and national and regional partners about news, events, training, and resources of interest. We welcome your feedback about the Updates from the Field and would like you to take a few minutes to complete a survey. Please click the link: <http://www.surveymonkey.com/s/GWSB6NB> Please send any additional comments and or suggestions to Ruth Cooke Gibbs at icn6@cdc.gov.

Seeking Submissions...

If you would like your program to be featured in an upcoming issue of Updates from the Field, please send a 300-500 word summary of your program's activities and photos to Ruth Cooke Gibbs at icn6@cdc.gov.

Updates from the Field...

Conferences/Events

International Night: A Highlight of EIS Conference Week 2011

Once again, the Epidemic Intelligence Service (EIS) annual conference held in Atlanta, Georgia, was a tremendous success, drawing several hundred public health scientists and representatives from Atlanta and around the world.

International Night, a long-standing part of the annual EIS conference, offers residents of Field Epidemiology Training Programs around the world an opportunity to share their work with their US counterparts in the EIS program. The event was co-hosted by the Centers for Disease Control and Prevention's Division of Public Health Systems and Workforce Development (DPHSWD) and the Training in Epidemiology and Public Health Interventions Network (TEPHINET).

Welcome remarks were given by Dr. Peter B. Bloland, DPHSWD's Associate Director for Science and Program. The evening's proceedings were moderated by Dr. Kevin De Cock, Director of CDC's Center for Global Health, and Dr. Mark Rosenberg, President and Chief Executive Officer at the Task Force for Global Health. Scientific oral and poster presentations were presented by representatives from 19 countries. Closing remarks were given by CDC Director, Dr. Thomas Frieden and Dr. Rosenberg.

This year, 3 awards were presented to participants by Dr. Frieden and Dr. Dionisio Jose Herrera Guibert, Director, TEPHINET. The 2011 William H. Foege Award for Outstanding Public Health Abstract was presented to Dr. Prakash Mridha on behalf of Prameela Baral (India) for her paper entitled: *Hepatitis Outbreak Caused By Contaminated Tamarind Water Served in a Mobile Food Kiosk in an Affluent Urban School of Mayurbhanj, Orissa,*



India. September, 2010. The Best Oral Presentation Award was presented to Dr. Hirunwut Praekunatham (Thailand) for his presentation entitled: *An Effect of H1N1 Pandemic Monovalent Vaccines on the Influenza Outbreak in a Prison - Thailand, 2010.* The Best Poster Presentation Award was presented to Dr. Yira Tavarez (Dominican Republic) for her poster entitled: *Knowledge, Attitudes and Practices About Cholera Prevention in Santo Domingo During November-December, 2010: A risk communication campaign evaluation.*



Updates from the Field...

Conferences/Events

Upcoming...

- 3rd North American Congress of Epidemiology, June 21-24, 2011, Montreal, Canada. www.epicongress2011.org
- Association for Professionals in Infection Control and Epidemiology, June 26-29, 2011, Baltimore, Maryland. www.apic.org//AM/Template.cfm?Section+Home
- GIS in Public Health Conference, June 27-30, 2011, Atlanta, Georgia. www.urisa.org/conferences/health
- XIX IEA World Congress of Epidemiology, August 7-11, 2011, Edinburgh, United Kingdom, www.epidemiology2011.com
- Summer Institute for Public Health Practice, August 8-12, 2011, Seattle, Washington, <http://www.nwcp.org/training/summer-institute/index.html>
- 28th Annual Meeting of the Scandinavian Society for Antimicrobial Chemotherapy, August 18-21, 2011, <http://www.srga.org/ssac/index.html>
- Public Health International Conference 2011, September 8-9, 2011. London, United Kingdom. www.rsph.org.uk/en/courses-conferences-and-events/public-health-international-conference/index.cfm
- 23rd Conference of the International Society for Environmental Epidemiology, September 13-16, 2011. Barcelona, Spain. www.iseepi.org/conferences/future.html
- PHAA 41st Annual Conference: Sustainable Population Health, September 26-28, 2011. Brisbane, QLD, Australia. www.phaa.net.au/41stPHAAAnnualConference.php
- 18th National Health Colloquium and 1st International Public Health Conference, September 27-28, 2011, Kuala Lumpur, Malaysia <http://www.pubhealthcollo.org/>
- 2nd International Symposium on Breast Cancer Prevention: Epigenome, Nutrition, Public Policy, October 9-11, 2011, Rennes, France. <http://purdue.edu/breastcancer>



Engaging, Empowering, Evolving...Together

Join us for the

2011 Public Health Informatics Conference

Aug 21 – 24, 2011 in Atlanta, GA

Featuring

International Night

Wednesday, Aug 24th, 6:00 pm – 9:00 pm

Room: Centennial Ballroom

Setting the Informatics Agenda for Global Health

Sunday, Aug 21, 1:00 – 4:00 pm (tentative)

Room: TBD

The Global Public Health Informatics Program, Division of Public Health Systems and Workforce Development at the **Centers for Disease Control and Prevention** in partnership with **Public Health Informatics Institute (PHII)** and **Public Health Informatics 2011 Conference Organizing Committee** invite you to join them for global health activities at **Public Health Informatics 2011 Conference**. This provides a great opportunity for global health professionals to exchange ideas and share information about global health information-related challenges and needs, and innovative solutions.

The conference will feature an **International Night** with poster presentations, awards, and a panel discussion with leading health professionals from CDC, WHO and other international organizations. Additionally, a **global workshop** facilitated by global health informatics leaders will engage the participants in a roadmap development activity, to address the information-related global health challenges and needs.

The conference will feature workgroups/ancillary meetings, informatics workshops/tutorials, and many opportunities for networking with health sector colleagues from the national and international levels.

We look forward to seeing you August 21 – 24, 2011 at the

Hyatt Regency Atlanta, 265 Peachtree Street NE, Atlanta, Georgia, USA 30303.

For further information <http://www.cdc.gov/phiconference/events4.html>. To indicate your attendance at the International Night, please respond to: <http://kwiksurveys.com?u=international-night> For more information about the global health informatics events please contact GPHI@cdc.gov. To obtain letter of invitation for visa or other purposes, please contact phiconference@cdc.gov

- NCRI Cancer Conference, November 6-9, 2011, Liverpool, United Kingdom, www.ncri.org.uk/ncriconference
- TEPHINET Americas Region Scientific Conference, November 14-18, 2011, San Pedro Sula, Honduras. www.tephinet.org/conferences
- The 1st International Symposium on Health Research and Development and the 3rd West Pacific Regional Conference on Public Health, November 16, 2011, Bali, Indonesia <http://www.nihrd.or.id>
- 60th Annual American Society of Tropical Medicine and Hygiene Meeting, Philadelphia, Pennsylvania, December 4-8, 2011. www.astmh.org
- EMPHNET 2nd Regional Conference, December 6-9, 2011, Sharm El-Shaikh, Egypt
- 2012 ISHEID: International Symposium on HIV & Emerging Infectious Diseases, May 23-25, 2012, Marseille, France, <http://www.isheid.com>